

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF <u>SAMUEL MENDEZ Cy-7322</u>		COURT CASE NUMBER <u>05-35-ERIE</u>
DEFENDANT <u>Dr. Conrad Fraider</u>		TYPE OF PROCESS <u>424.S.C.3 1983</u>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>CONRAD FRAIDER</u>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>5451 Peach st. Erie Pa. 16509</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
<u>SAMUEL MENDEZ Cy7322</u> <u>S.R.C.F</u> <u>801 BUTLER PIKE</u> <u>MERCER, Pa. 16137</u>		Number of process to be served with this Form 285 <u>1</u>
		Number of parties to be served in this case <u>4</u>
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Field Dr. Conrad Fraider Telephone Number 504-7008 Field  
(814) 866-3986

Signature of Attorney or other Originator requesting service on behalf of: <u>Samuel Mendez</u>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <u>N/A</u>	DATE <u>10-12-05</u>
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin <u>No. 68</u>	District to Serve <u>No. 68</u>	Signature of Authorized USMS Deputy or Clerk <u>SB</u>	Date <u>11/22/05 / 11/18/05</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date 11/3/06 Time 10 ☒ am ☐ pm

Signature of U.S. Marshal or Deputy  
[Signature]

Service Fee <u>40.00</u>	Total Mileage Charges including endeavors	Forwarding Fee <u>Joe</u>	Total Charges <u>48.00</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund) <u>54/80</u>
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REMARKS: TO ERIE 10-18-05

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
Rev. 12/15/80  
Automated 01/00